Name in Full Thos. R. Ash

Certificate of Death

Died at Town Flintstone County Allegany MARYLAND

Date 189 8 Month 12 Day 15 | Age Y. 28 M. D. | Native of | Occupation Doctor

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow(er)~~ ~~Divorced~~ | Number of children living

Husband of Wife

Father's Name Jas. Ash | Mother's Neme 22a

Ceuse of Deeth: Primary Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Independent 12-15-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

John M. Barrett

Died at Town Frostburg County Allegheny MARYLAND

Date 1898 Month 12 Day 13 | Age Y. 44 M. D. | Native of | Occupation merchant

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 } How long sick

{ Immediate } Accident, Suicide, Homicide

Reported by Independent 12-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mabel Branch

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Dec Day 31 Age Y. 6 M. 6 D. Native of city Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Abbt Branch

Mother's Name Clara Branch

Cause of Death Primary 72

Immediate Pneumonia

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by Carl L Broadway

Address 100 Va Av City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65[illegible]

Name in Full: Jesse May Breadlarger

Certificate of Death

Died at — Town: Cumberland — County: Allegany — MARYLAND

Date 1898 — Month: 12 — Day: 19 — Age: Y. 36 — M. – — D. – — Native of: Pa — Occupation: Hrsfr

~~Male~~ — White — Married — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — Widower — Number of children living: 5

~~Husband~~ / Wife of: Wm Breadlarger

Father's Name: Thos B. Brown — Mother's Name: Fanny Story

Cause of Death — Primary: Pneumonia — 72 — How long sick: 4 weeks.

Immediate: Exhaustion. — ~~Accident, Suicide, Homicide~~

Reported by: H. B. Miller

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Rosa Bucey

Died at Town So Cumberland County Alley C MARYLAND

Date 1898 Month Dec Day 19 Age Y. 3 M. D. Native of Cumberland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Bucey Hen Mother's Name Mrs Hen Bucey

Cause of Death Primary Congestion of Brain How long sick 2 days

Immediate Eclampsia 42 ~~Accident Suicide Homicide~~

Reported by Carl L Brandup Md

Address 100 Va Av City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Amelia Cavanah

Certificate of Death

Died at Town Smaconing County Allegany MARYLAND

Date 1898 Month Dec. Day 26 Age Y. 67 M. — D. Native of Ireland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

~~Husband~~ Wife of Owen Fagan

Father's Name — Cavanah Mother's Name Nancy Cavanah

Cause of Death Primary Influenza, Pneumonia — How long sick 16 hours

Immediate Syncope 9 ~~Accident, Suicide, Homicide~~

Reported by James O. Bulerck M.D.

Address Smaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah A Crabbe

Died at Town: Cumberland County: Allegany MARYLAND

Date 1898 Month: Dec Day: 14 | Age Y. 56 M. D. | Native of Maryland | Occupation Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of ~~Wife~~

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Consumption 22 a | How long sick 10 years

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J. M. Spear.

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Chas. E. Custer

Died at Town Cumberland County Allegany MARYLAND

Date 189 Month Dec. Day 3 | Age Y. 36 M. D. | Native of W. Va. | Occupation Workman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Consumption 22a How long sick

Immediate

Accident, Suicide, Homicide

Reported by Crain Dec. 10 11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79709

Name in Full — Certificate of Death

Mary Moore Engle

Died at Town: Keyser — County: ~~Garrett~~ Allegany — MARYLAND

Date 189 X — Month: 12 — Day: 24 — Age: Y. M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Rev. S. M. Engle — Mother's Name

Cause of Death — Primary: Typhoid fever 1 — Immediate:

How long sick

Accident, Suicide, Homicide

Reported by Garrett Journal 12-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full: James Gardner

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1898 Month: 12 Day: 15 Age Y. 74 M. D. Native of: Ireland Occupation: Retired

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband / Wife of: Charlotte Marburg

Father's Name: —— Mother's Name: ——

Cause of Death: Primary: Paralysis How long sick: 10 D

Immediate: Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: W. F. Twigg.

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Harmon Gordon

Died at (Town) near Barrows Park (County) Allegany MARYLAND

Date 1898 Month 12 Day 31 | Age Y. 27 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary / Immediate 161 — How long sick

Accident, Suicide, Homicide

Reported by Courier 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Harmon Goodyear

Certificate of Death

Died at Town Marrow's Park County Allegany MARYLAND

Date 189 8 Month 12 Day 31st Age Y. 28 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Globe Hagerstown

Address 12-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

St. Peter & Paul's Ch.,

Name in Full Charity Greenwade

Certificate of Death

Died at Town Bier County Allegany MARYLAND

Date 189 8 Month 12 Dey 20 | Age Y. 85 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Fether's Name

Mother's Name

Cause of Death { Primery Old age 141 | How long sick

Immediete | Accident, Suicide, Homicide

Reported by Independent 12-21

Address

Must be signed by physician, if any in ettendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Emma Catherine Groves,

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1898 Month Dec Day 16 Age Y. 7 M. 5 D. 19 Native of Lonaconing Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name John R Groves Mother's Name Emma Groves,

Cause of Death Primary Dying w of dream by [illegible] Thorne 1450 How long sick Cruweek

Immediate Acute Peritonitis Accident, ~~S[illegible]~~

Reported by H. B. Skilling, M.D.

Address Lonaconing,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Rudolph Helfrich

Died at Town Cumberland County Allegany MARYLAND

Date 189 8 Month 12 - 11 Day | Age Y. 72 M. D. | Native of ~ | Occupation Tailor

Male | White | Married | Widow | Divorced

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 2

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cumberland Independent

Address Dec. 12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

St. Peter & Paul's Ch.

Name in Full

Mrs. Nancy Hoff

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 8 Month 12 Day 9 | Age Y. 83 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband Wife of

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cumberland Independent

Address 12-9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Howard Leggett

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month 12 Day 18 Y. M. D. Age Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name

Mother's Name

145-d

Cause of Death: Primary R. R. Injury Accidental

Immediate Shock

How long sick

Accident, Suicide, Homicide

Reported by Twigg & Miller

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full

Certificate of Death

Martha Logsdon (Haller)

Died at near Mt. Savage (Town) Allegheny (County) MARYLAND

Date 1898 Month 12 Day 7 | Age Y. 5-3 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Wm. Logsdon

Father's Name Wm. H Haller

Mother's Name

Cause of Death: Primary Heart disease 5-7 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Independent 12-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

St Patricks Church Mt Savage
~~Cumberland~~

Name in Full Bridget McCaughan

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 1898 Month 12 Day 23 Age Y. 73 M. D. Native of Ireland Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 10

Husband of Wife McCaughan Deceased

Father's Name

Mother's Name

Cause of Death Primary Old age

Immediate Diarrhoea

How long sick

~~Accident, Suicide, Homicide~~

Reported by A. B. Price M.D.

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Certificate of Death

Marbury

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month 12 Day 15 Age Y. 74 M. 11 D. 6 Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband / Wife of Charlotte Marbury

Father's Name — Mother's Name —

Cause of Death: Primary Paralysis 44 How long sick 10 D

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by W. F. Twiggs

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

No Name Martin

Town County

Died at Cumberland Allegany MARYLAND

Month Day ~~Y.~~ ~~M.~~ D. Native of Occupation

Date 1895 Dec 15 Age 7 Cumberland, child

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 5

Husband of Wife

Father's Name Marcellus Martin

Mother's Name Lizzie Martin

Cause of Death

Primary Premature Birth

Immediate Exhaustion

138b

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by J Gorvall [illegible] MD

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Eureka Miller

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 8 Month 12 Day 10 | Age Y. 10- M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Wm. Miller

Mother's Name

Cause of Death { Primary Dropsy 15 5a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by The Courier 12-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Mrs Catherine Murphy.

Died at — Town: Frostburg — County: Alleghany — MARYLAND

Date 1898 — Month: 12 — Day: 29 — Age: Y. 42, M. , D. — Native of: Md. — Occupation: House-wife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — Divorced

Number of children living 5

~~Husband~~ / Wife of Jno. Murphy

Father's Name: Finnan — Mother's Name:

Cause of Death — Primary: Heart Disease — How long sick: 3 yrs

Immediate — Accident, Suicide, Homicide

Reported by Dr W. O McLane

Address Frostburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Robertson

Died at Town Oclan County Allegany MARYLAND

Date 189 8 Month 12 Day 2 | Age Y. 25 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name Joseph Robertson Mother's Name

Cause of Death: Primary Typhoid fever 1 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by The Star 12-8.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Revs. Harris & Ferguson

Name in Full Margaret Robertson

Certificate of Death

Died at Town Ocean County Allegheny MARYLAND

Date 189 8 Month 13 Day 24 Age Y. 37 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph Robertson Mother's Name

Cause of Death Primary Typhoid fever How long sick

Immediate Accident, Suicide, Homicide

Reported by Star 12-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Services held in M.E. Church, Midland
Rev. Harris

Name in Full

Certificate of Death

Junior Schuster

Town

County

Died at Cumberland Allegany MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1894 Dec 1 Age — 4 17 Maryland clerk

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 4

Husband / Wife of —

Father's Name John J. Schuster

Mother's Name Lena G Schuster

Cause of Death — Primary Pneumonia 72 How long sick

Immediate Convulsions

~~Accident, Suicide, Homicide~~

Reported by J. Ivan Wilson

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full Howard Shepherd

Certificate of Death

Died at Town Allen House County Allegany MARYLAND

Date 189 8 Month 12 Day 3 | Age Y. 26 M. — D. — | Native of Pa | Occupation Miner

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 86

Cause of Death: Primary Hernia | How long sick not known

Immediate Strangulation | Accident, Suicide, Homicide

Reported by Dr Bracer Physician in charge

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Geo. W. Simpson

Certificate of Death

Died at Town S. Cumberland County Allegany MARYLAND

Date 1898 Month DEC Day 10 Age Y. 23. M. D. Native of Westernport Occupation R.R. Fireman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name [illegible] Simpson

Mother's Name

Cause of Death Primary Typhoid Fever 1

Immediate & Pneumonia

How long sick 3 wks

~~Accident Suicide Homicide~~

Reported by Geo. L. Broadcast M.D.

Address 100 Va av City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Mr Wm Staples

Certificate of Death

Died at Town Borden Farm County Allegany MARYLAND

Date 189 8 Month Dec Day 8 Age Y. 77 M. 6 D. Native of Maine Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name George Staples Mother's Name Abbott

Cause of Death Primary Stenosis of Pylorus How long sick 6 mos

Immediate Inanition Accident, Suicide, Homicide

Reported by A B Price

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

Name in Full: Harry Thomas

Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1898 Month: Dec Day: 25th Age Y. 3 M. 10 D. — Native of: Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name: Harry J. Thomas Mother's Name: Ella Duckworth

Cause of Death: Primary: Scarlatina Maligna How long sick: 15 days

Immediate: Trismus 6 ~~Accident, Suicide, Homicide~~

Reported by: W. R. Skilling M.D.

Address: Lonaconing

A. S.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Laura Ray Wamick

Died at Town Barton County Allegany MARYLAND

Date 189 8 Month Dec Day 10

Age Y. 8 M. 8 D. 21

Native of Maryland

~~Occupation~~

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~ 3

~~Husband~~ ~~Wife~~ of

Father's Name Gilbert

Mother's Name Emma Sullivan

Cause of Death: Primary Pneumonia 72

Immediate /

How long sick

~~Accident, Suicide, Homicide~~

Reported by L. F. Boucher

Address Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Ellen Washington

Died at Town: Cumberland County: Allegheny MARYLAND

Date 189 Month: 12 Day: 14 Age Y. 60 M. D. Native of Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Independent 12-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706